



## SCHEDULE O – AMERICAN RECOVERY & REINVESTMENT ACT KEY

<b>Subrecipient Name:</b>	<b>FIPS #:</b>
<b>Grant Program:</b>	<b>Grant Number:</b>

This questionnaire is being sent to your organization as a subrecipient of federal **American Recovery and Reinvestment Act funds** awarded through the California Emergency Management Agency (CalEMA).

**Please complete the following questionnaire as it applies to the above-reference grant** and return it to the following address ***no later than September 7, 2010:***

CalEMA  
Grants Monitoring Division  
3650 Schriever Avenue  
Mather, CA 95655

1. Has your organization expended any grant funds under the above award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your organization requested reimbursement for grant expenditures under the above award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has your organization received, updated or renewed your Central Contractor Registration (CCR) within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your accounting system set up to <i>separately</i> indentify, track and report on grant funds received and expended under this award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your organization maintain backup documentation (receipts, deposits, canceled checks, invoices, etc.) to substantiate payments for purchases and claimed grant expenditures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your organization maintain documentation supporting all reported data, including jobs created/retained data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you received any earned interest on these grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do all staff whose activities are charged to this grant maintain timesheets which document hours worked for grant and non-grant related activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Were any of your existing staff positions in jeopardy of being eliminated prior to receiving Recovery Act grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If Yes to #9, do you have documentation to show that these position(s) would have been eliminated if it were not for Recovery Act funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Do you have written policies and procedures in place for procuring property or services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Did your organization expend more than \$500,000 in federal funds in the most recent fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If Yes to #12, did your organization: a. Complete an A-133 audit? b. Forward a copy of the A-133 audit report to either the State Controller's Office or to CalEMA? (If not, please include a copy when returning this Schedule)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you using any of the grant funds for construction, alteration, maintenance or repair of a public building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you require competitive bidding for all major procurements? If yes, what is the dollar threshold for competitive bidding? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. If yes to #15, did you maintain all procurement back-up documentation including the price/cost analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. Do you have policies and/or procedures in place to verify bidders are not debarred or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does your organization maintain written inventory of all equipment and assets purchased with grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. If Yes to #18, does your equipment inventory/log include (check all that apply): a. Description of equipment b. Condition c. Location and use d. Serial/I.D. number e. Purchasing invoice, including: i. Acquisition date ii. Title/Ownership iii. Cost f. Disposition data/sales price (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a written code of conduct for employees who award or administer contracts to ensure there is no conflict of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you have a written Fraud policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does your organization maintain written policies regarding the maintenance, access and retention of records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does your organization use volunteers to provide services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Did you produce any written materials with these grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. If Yes to #24, did the materials identify the funding source for the production of the materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No

26. Does the organization have policies and procedures for:  a. the maintenance of a drug-free workplace? b. non-discrimination in services and employment of staff/volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you submitted any Financial & Programmatic Reports to CalEMA at the end of any quarter? If Yes, please indicate the date the report(s) were submitted. Quarter ending August 30 Date submitted: _____ Quarter ending November 30 Date submitted: _____ Quarter ending February 28 Date submitted: _____ Quarter ending May 31 Date submitted: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Were any of the grant funds passed-through to a subrecipient via a contract or subaward agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are all subaward arrangements formalized in contract or other written agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Do you have a system in place to track and receive, review and follow-up on A-133 audits for all subawards of this grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. If Yes to #30, do you have a system in place to monitor the contract/subaward to ensure the project goals, objectives, performance requirements, timelines, budgets and other related program criteria are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
32. Are you <b>new</b> recipient of grant funds from CalEMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Has your organization experienced management or fiscal staffing changes within the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Do you require any technical assistance in the performance or management of this grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Certification Statement

This is to certify that, to the best of our knowledge and belief, the data furnished on this form is accurate, complete and current. We further understand that any fraudulent information contained on this form may have an effect on future CalEMA funding for this organization.

Prepared by ( <i>Signature</i> ):	Date Signed:
Print Name:	Telephone #:
Authorized Certifying Official ( <i>Signature</i> ):	Date Signed:
Print Name:	Telephone #:
Address:	